WORKERS' COMPENSATION DEGLARATION		
I hereby affirm that I have a certificate of consent to self	APPLICATION FOR	R BUILDING PERMIT
insure, or a certificate of Workers' Compensation Insurance, or a certified copy thereof (Sec. 3800, Lab. C.)		
Policy No. 29038 CompanSTAPE FUND	COUNTY OF LOS ANGELES	BUILDING AND SAFETY
Certified copy is hereby furnished.	FOR APPLICANT TO FILL IN	BUILDING ADDRESS 212 S. ATLANTIC BLVD.
Certified copy is filed with the county building inspec-	BUILDING 212 S. ATLANTIC BLVD.	LOCALITY EAST LOS ANGELES
— non department.	ADDRESS CITY E'AST LOS ANGELES ZIP 90063	NEAREST POWONA BLVD
Date 2/2/86 Applican BILL BOARDS UNLTD. CERTIFICATE OF EXEMPTION FROM WORKERS'	NO. OF BLDGS.	CROSS ST. ASSESSOR
COMPENSATION INSURANCE (This section need not be completed if the permit is for one	SIZE OF LOTNOW ON LOT	MAP BOOK PAGE PARCEL USE ZONE MAP 3 3 10
hundred dollars (\$100) or less.)	TRACT BLOCK LOT NO. OWNER JOHN TATSUE TEL. NO.	NO. SPERMY DE NO.
I certify that in the performance of the work for which this	OWNER SURIN TATSUE NO. 212 S. ATLANTIC BLVD.	DISTRICT GROUP TYPE FIRE PROCESSEI
permit is issued, I shall not emptoy any person in any manner so as to become subject to the Workers' Amply sation Laws	ADDRESS	CONST
Date 172/86 ADDUNN PRICESSI)	CITY EAST LOS ANGELES ZIP 90063,	STATISTICAL CLASSIFICATION APT. COND
Date Applicant: It, after making this Certificate of Exemption, you should become subject to the Workers'	ARCHITECT OR MILTON JEFFS TEB 547676	CLASS NO. DWELL. UNITS
Compensation provisions of the Labor Code, you must forth-	ADDRESS PACIFIC PALISADES 1714	SEWER MAP 744 681-8394
with comply with such provisions or this permit shall be deemed revoked.	CONTRACTOR ILLBOARDS UNLTD TEL 9867887	BK. PG. VALIDAÇIĞI
LICENSED CONTRACTORS DECLARATION I hereby affirm that I am licensed under provisions of Chapter 9	ADDRESS 321 BELMONT LIC. 280172	VALUATION
(commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.	CITY ONTARIO CA 9/76/ CLASS C-45	s 1500.00
	SQ. FT. NO. OF NO. OF CHECK	
License Number 280172 Lic. Class C=45	SIZE STORIES FAMILIES ONE DESCRIPTION OF WORK ONE	\$ 3000
Contractor BILLBOARDS UNLTD. 19/2/86		
I am exempt under Sec	orresponding street signs; i. H. County	FINAL
B.&P.C. for this reason	Standard Plan #26010 USE OF 14 to top	DATE
Date:	USE OF TO TO DEMOL DEMOL	FINAL By
SignatureOWNER-BUILDER DECLARATION	APPLICAN BILLBOARDS UNLTD. TEL. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
I hereby affirm that I am exempt from the Contractor's License Law for the following reason (Section 7031.5, Business and	ADDRESS ONTARIO, CA. 986-7887	Wolding upor
Professions Code):	PRESENT BUILDING 212 S. ATLANTIC BLVD.	1 Little 1
l, as owner of the property, or my employees with wages as their sole compensation, will do the work and	ADDRESS EAST LOS ANGELES	Law Sucher 1 1/1
the structure is not intended or offered for sale (Section 7044, Business and Professions Code).	LOCALITY DOS 211(CITIES) MOVING TEL.	La. Lived WN AVIN
I, as owner of the property, am exclusively contracting	CONTRACTOR NO.	Take submitted of Flow
with licensed contractors to construct the project (Section 7044, Business and Professions Code).	ADDRESS	459-7887 (OFFICE)
CONSTRUCTION LENDING AGENCY	REQUIRED YARD HWY TOTAL SETBACK FROM EXIST. WIDTH	H) 1
I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued	FRONT P.L.	
(Sec. 3097, Civ. C.).	SIDE P.L.	/)
Lender's Name	27(3 2750)	Thank MI
Lender's Address	P.C. Fee \$ \(\lambda / \lambda \(\lambda \) Permit Fee	Frank Merecolo (810) 249-4108
I certify that I have read this application and state that the above information is correct. I agree to comply with all County	Investigation Fee Issuance Fee Issuance Fee	tas foliates (As)
ordinances and State laws relating to building construction, and hereby authorize representatives of this County to enter	Total Fee 4300	(810) 249-4108
upon the above-mentioned property for inspection purposes.	0/2/101	
Franklickelle 12/24,80	SEE REVERSE FOR EXPLANATORY LANGUAGE	
▼ Signature of Applicant or Agent ■ Date		

CONDO.

NINSPECTOR COPY

